Correspondence

BOOK REVIEWS

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This is the first of a two volume set in the Current Topics in Pathology series, describing the morphological and immunohistochemical changes within the various functional compartments of the lymph node; the second volume describes changes occurring in lymph nodes in association with immunodeficiency and neoplasia.

The contents include chapters correlating structure and function within various lymph node compartments, descriptions of the terminal control response, of T lymphocytes in non-neoplastic lymph nodes and plasma-cytoid T cells, and of macrophages and accessory cells. The volume concludes with an in-depth study of immunoelectronmicroscopy of lymph nodes.

The authorship of this book shows a strong European bias (20 of the 25 contributors) and in some of the chapters it is apparent that English is not the authors’ first language, which makes for a rather turgid style. Nevertheless, this is an admirable book for the lymph node enthusiast containing information not often seen in other pathological books. The text is well illustrated with high quality photomicrographs, electronmicrographs, and line drawings. Most of the chapters are extensively referenced and contain references up to 1989.

Although this book will not be of particular interest to the general surgical pathologist, it can be strongly recommended to histologists and immunologists with a particular interest in structural and functional correlation within the immunosystem.


Of these collected reports from the British Committee for Standardisation in Haematology (BCSH), the best is on haemoglobinopathy screening, with good accounts of G6PD deficiency, some aspects of blood-banking, massive blood loss, management of anticoagulant treatment, thrombophilia and transfusion “menus”.

The title is misleading, however, and should perhaps have been “Standards for Some Aspects of Haematological Practice”.

Standard haematological practice in the United Kingdom today is surely broader than this book implies. Excluded are laboratory aspects of cytology and cytochemistry, general coagulation, cytogenetics, haematologic assays, haemolysis, immune cytopenias, cellular immunophenotyping and viscosity, not to mention clinical management of anaemia, many aspects of haemostatic failure, and haematological malignancies. Yet 8% of the book is an uncritical description of haemapheresis and 10% an account of blood-banking microplate techniques which most NEQAS contributors do not use. This last chapter is at least a positive if unbalanced statement unlike chapters 2 to 4 (another 10%) on automated cell counters and manual blood films which will probably neither reflect nor influence selection criteria for the latter in most United Kingdom laboratories.

Chapter 1 epitomises the heterogeneity of style, breadth, and depth of this book. It is intended as a description of “good laboratory practice”. It has produced “lecture size” chapters which are readable and clear. Medical students will enjoy the snippets of clinical information which make the text interesting and relevant. There is good layout of the text and excellent indexing. Rarely do BCSP reports as they appeared may welcome this convenient but costly binding. Nobody should think that it describes British haematology, standard or otherwise. Perhaps a second edition will present a more balanced and comprehensive description of the specialty.

AG PRENTICE


The authors have succeeded in their aim to present “the bare essentials of immunology in a palatable form . . .” which “will enable most students to grasp the essential principles”. They have produced “lecture size” chapters which are readable and clear. Medical students will enjoy the snippets of clinical information which make the text interesting and relevant. There is good layout of the text and excellent indexing. Rarely do BCSP reports as they appeared may welcome this convenient but costly binding. Nobody should think that it describes British haematology, standard or otherwise. Perhaps a second edition will present a more balanced and comprehensive description of the specialty.

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This book is very much a basic course and is not a really standard text, nor does it seem that it was intended to be. Any immunology text of basic principles needs to be selective in order to make it clear. Students will find it a great help, especially those who find immunology difficult or boring, and this text is neither.

Like all authors in this discipline, Benjamini and Leskowitz had to produce a second edition relatively quickly to cover the rapidly developing fields of genetic control, T cell differentiation, and therapeutic advances for immunological diseases as well as AIDS. The only criticism is that the index is awful and does not come up to the high standards of the book.

H CHAPEL


This is an anthology of articles published in Laboratory Investigation under the “Biological

reactions are excluded) when the patient has a relevant clinical history. In patients without a relevant clinical history, serial assay of “e” and “a” antibody may be preferable to serial assay of HBsAg titre. The former method is qualitative; the latter relies on precise quantitation of HBsAg to detect a clinically important decline in titre.

DJ MORRIS

North Manchester Regional Virus Laboratory, Booth Hall Children’s Hospital, Charlestown Road, Manchester M9 2AA


Morris1 and Diment2 have discussed the relative merits of anti-HBc IgM assays and HBeAg testing to detect seroconversion in the diagnosis of acute hepatitis B infection. Although these assays certainly have a place in the diagnosis of difficult cases, they are relatively expensive and usually only available in specialist laboratories.

We recently identified an asymptomatic acute hepatitis B virus infection in a blood donor, using three, simple, low cost criteria: (i) HBsAg positivity, at high titre (RFPA 1/10000); (ii) alanine transaminase (ALT) activity (ALT) noticeably raised (2 200 IU/L); (iii) recent relevant history.

If these tests and criteria had not provided a diagnosis then testing a follow up sample for HBsAg titre and ALT activity would, in our experience, usually provide final confirmation. To complement this, and where there is a pressing clinical need for rapid diagnosis, we would have the sera tested for the markers discussed by Morris3 and Diment.4

DR HOWELL

J A BARBARA

National Blood Transfusion Service, North London Blood Transfusion Centre, Colindale Avenue, London NW9 5BG


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